

# PART B - FEE(S) TRANSMITTAL

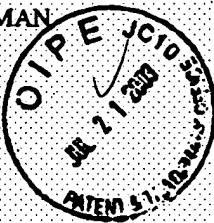
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000110 7590 04/22/2003

**DANN DORFMAN HERRELL & SKILLMAN**  
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Jane C. Bogan (Depositor's name)  
Jane C. Bogan (Signature)  
17 July 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/831,184	01/30/2002	Jeffrey N. Weiser	CHOP.0101	2788

**TITLE OF INVENTION:** MODULATING PRODUCTION OF PNEUMOCOCCAL CAPSULAR POLYSACCHARIDE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$650 \$1,300.00	\$300	\$950 \$1,600.00	07/22/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEARY, LOUISE N	1654	435-034000

- Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
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- For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  
1 DANN, DORFMAN, HERRELL  
2 AND SKILLMAN  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

The Children's Hospital of Philadelphia Philadelphia, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

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(Authorized Signature) (Date)

*[Signature]* 7/17/03

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